MICHIGAN BIRTH DEFECTS REGISTRY "CYTOGENETICS" REPORT 1. NAME OF CHILD (Last) (First) (Middle initial) 2. IF THE CHILD HAS BEEN IDENTIFIED BY ANOTHER NAME (AKA - also known as) 3. CHILD'S CURRENT STREET ADDRESS _ APARTMENT No._____ P.O. BOX No. ZIP CODE _____ STATE ____ CITY _ 8. **SEX** 10. PLURALITY 4. CHILD'S SOCIAL SECURITY No. (if known) 6. MEDICAL RECORD No. ☐ Single ☐ Male Female ☐ First ☐ Undesignated Second ☐ Third or More 9. DECEASED 5. CHILD'S MEDICAID No. (If known) 7. DATE OF BIRTH (Month) (Day) ☐ Yes □ No 11. HOSPITAL - PLACE OF BIRTH 12. MOTHER'S LAST NAME FIRST NAME M.I. SOCIAL SECURITY No. 13. HOSPITAL - PLACE OF DIAGNOSIS CITY STATE 14. <u>CYTOGENETICS</u> - DESCRIBE FINDINGS ICD - 9 - CM CODE 15. NAME OF LABORATORY CITY 16. <u>LAST NAME</u> OF PERSON COMPLETING THIS FORM FIRST NAME OF PERSON COMPLETING THIS FORM (LAST)(FIRST) DATE COMPLETED TELEPHONE NUMBER (Month) _____ (Day) _____ (Year) _____

DCH-0944C (2/02) (formally B-274) Confidentially assured by P.A. 368 of 1978 being MCL 333.2631-2633, Authority P.A. 236 of 1988 PLEASE RETURN TO:

Michigan Department of Community Health Vital Records & Health Data Development Section 1001 Terminal Road, Lansing, MI 48906